

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Lumpkin  
Township Grand River  
City                      (No.                     )

Registration District No. 1076  
Primary Registration District No. 5035681

File No. 25403  
Registered No. 90  
St.                      Ward                     

**2. FULL NAME**

Benjamin Franklin Jackson

(a) Residence, No.                      St.                      Ward.                     

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1852</u>		
7. AGE <u>82</u>	YEARS <u>1</u>	MONTHS <u>18</u>
		DAYS <u>                    </u>
		If LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>
	11. Total time (years) spent in this occupation <u>                    </u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta Co., Virginia</u>
	13. NAME <u>Turner M. Jackson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Rebecca Davis</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

FATHER	17. INFORMANT <u>J. W. Jackson</u> (ADDRESS) <u>Headville Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Headville Mo.</u> DATE <u>July 30, 1934</u>
	19. UNDERTAKER <u>W. B. Shornd</u> (ADDRESS) <u>Headville Mo.</u>
	20. FILED <u>7-30</u> <u>1934</u> <u>E. W. Warr</u> Registrar

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1934

22. I HEREBY CERTIFY That I attended deceased from June 1932 to July 1934  
I last saw him alive on June 17, 1934 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Pyonephrosis Date of onset 1932  
133A  
122A

Other contributory causes of importance:  
Chronic Prostatitis  
Inguinal hernia

3. Name of operation Bassini Date of 1932  
What test confirmed diagnosis? Physical Was there an autopsy?                     

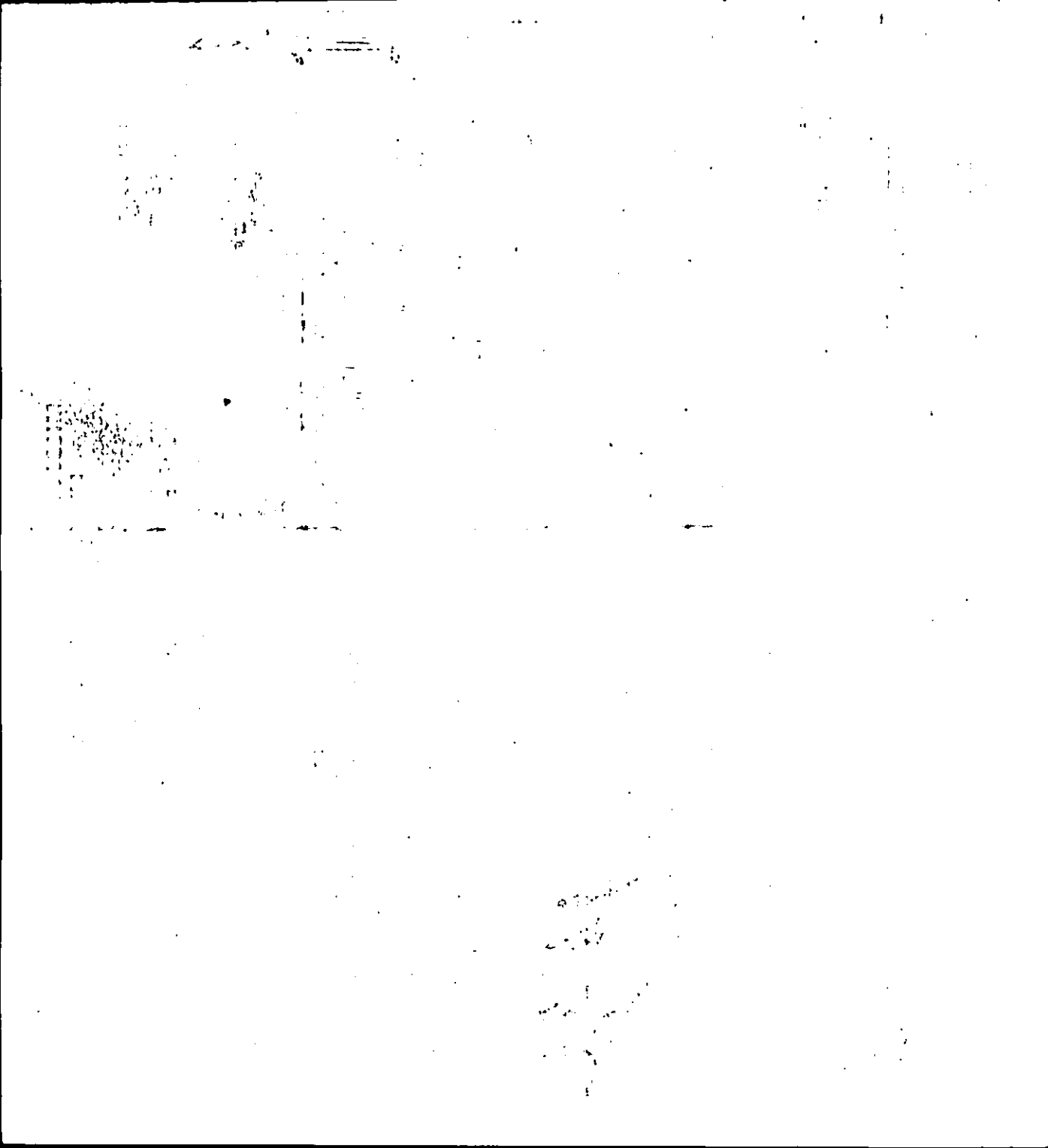
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     , 19                      
Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify                       
(Signed) J. M. Hardy M. D.  
(Address) Sumner Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 8 1934



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

SEP 17 1934

1. PLACE OF DEATH

County Linn  
Township Gran River  
City (No. )

Registration District No. 1076  
Primary Registration District No. 5681

File No. 11  
Registered No. 11  
St. Ward

2. FULL NAME

Benjamin Franklin Jackson

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-10-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
82 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Co. Virginia

13. NAME Turner M. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Rebecca Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) J. W. Jackson  
Meadeville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadeville, Mo. DATE July 30 1934

19. UNDERTAKER (ADDRESS) W. H. Thorne  
Meadeville, Mo.

20. FILED 7-30 1934 Mrs. Chas. Ludwig  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-28 1934

22. I HEREBY CERTIFY, That I attended deceased from June-1932 to July 1934  
I last saw him alive on June-12 1934 Death is said to have occurred on the 28 day of July 1934  
The principal cause of death and related causes of importance were as follows:

Chronic Pyonephritis Date of onset 1932

Other contributory causes of importance:  
Chronic Prostatitis  
Inguinal Hernia

Name of operation Bassini Date of 1932  
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) J. W. Hardy M. D.  
Turner, Mo.

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